

**RFP-7-69**  
**Questions and Answers**

- Q1: It is our understanding that RFP 7-69 seeks a vendor to improve and enhance the capabilities of local health departments to educate the public on pandemic influenza by developing "evaluation tools," "trainings" and "creative ideas" that can measure the effectiveness of health education materials, NOT create public education materials themselves. Could you clarify an apparent change in deliverables between the RFI 7-69 and RFP 7-69: specifically: the Pre-RFP Informational Session outlined deliverables as both the development of *educational materials* and the development of an *evaluation tool* to measure outcomes. Paragraph 2 of the "Objectives" section of Attachment D, however, states that "ISDH does not seek specific activities, tools, or templates, but encourages the submission of creative ideas designed to motivate the public to take action and prepare for pandemic influenza." Additionally, the focus in paragraph 3 seems to be on evaluation and "measuring impact." Could you confirm that the development of print and/or electronic public education materials themselves is not part of RFP 7-69's deliverables?
- A1: As it was stated at the RFI, the document available at the time of the RFI was not in its final form and should not be compared to the final RFP. The vendor should include educational materials in the proposal if the vendor believes that these materials need to be developed to reach the goal of assisting local health departments improve their ability to engage the public in pandemic flu planning. In addition to improving education methods, the local health departments need to have the ability to measure whether members of the public have taken action in response to the education.
- Q2: What vendor(s) and/or Indiana State Department(s) created the current 'tool kit' online at [http://www.in.gov/isdh/bioterrorism/PandemicFlu/tool\\_kit.htm](http://www.in.gov/isdh/bioterrorism/PandemicFlu/tool_kit.htm) ?
- A2: The tool kit was the result of a collaborative effort of several ISDH employees.
- Q3: As the ISDH has offered this online 'tool kit' for use by local health departments in their communication efforts, what components of the tool kit is not meeting the needs of local health departments?
- A3: The tool kit may be meeting the needs of some local health departments. The tool kit provides basic materials. ISDH would like to see the tool kit move beyond the basics in terms of breadth and depth of coverage. The needs of local health departments include assistance as to how to educate the public about pandemic flu and how to utilize the tool kit in those efforts.
- Q4: Has a survey or surveys been conducted with either; local county health departments and/or the ten (10) public health preparedness districts to determine:  
(1) their specific desires and needs pertaining to educational efforts; and (2) what approaches have been successful in educating/communicating with the public in past

- emergency/health-related events? (i.e. INSHAPE Indiana Program, Children's Lead Poisoning Prevention Program, or West Nile Virus Program)
- A4: Surveys have not been conducted.
- Q5: How has the ISDH and/or the local county health departments/ districts tracked outcomes of educational efforts conducted in the past? What evaluation tool(s) used to measure the impact of educational efforts (i.e. INSHAPE Indiana Program, Children's Lead Poisoning Prevention Program, or West Nile Virus Program) was most successful?
- A5: This type of outcome measurement has not been conducted in the past.
- Q6: What is the scope of evaluation efforts that the state has in mind for this work?
- Q6A. How many local health departments will be expected to participate in this public education effort?
- A6A. All local health departments will be urged to participate. All local health departments should be granted the opportunity to work with the vendor.
- Q6B. Will staff within each local health dept. be expected to administer an evaluation “tool”, such as a telephone survey to households and or businesses, or focus groups with target audiences? Are there staff resources to do this within departments or will ISDH staff conduct evaluation activities in a centralized manner?
- A6B. Yes, the evaluation tool will be administered locally though the local health departments may choose to involve other entities to assist with the survey. Resources at local health departments are generally limited.
- Q6C. What is the Contractor’s expected role or involvement in administering evaluation activities?
- A6C. The contractor’s role will be to develop the tool and to teach local health departments how to use the tool in a manner beyond written instructions.
- Q6D. Will efforts to evaluate impact be short term (one-shot) or long term (multiple points in time), such that the evaluation tools developed need to be designed for repeat use and trend analysis? In any case, is evaluation expected to actually occur within the time frame of this project period, or would in a separate contract period?
- A6D. Evaluation tools should be designed to measure both the short-term impact and the long-term impact. Evaluation tools will be administered by the local health departments; therefore, a timeframe for evaluation is irrelevant for this RFP.

- Q6E. Who will have responsibility for analyzing qualitative and quantitative data and writing up and presenting results? Will this be local departments, the Contractor, ISDH or some other objective third-party? Is any analysis activity expected to occur within the stated time frame of this project?
- A6E. It is expected that the evaluation tool will support both qualitative and quantitative analysis, but the vendor will not be administering the tool or conducting the analysis. It is not expected that analysis activity will occur within the timeframe of the project. This question goes beyond the scope of the RFP.
- Q7: How involved will ISDH staff be with overall management and coordination between the Contractor and individual health departments across all aspects of the project? Will Contractor work mostly with individual departments or coordinate centrally with ISDH?
- A7: ISDH staff will introduce the project to the local health departments and encourage participation. The contractor will work mostly with the local health departments. It is expected that the vendor will keep ISDH staff fully apprised of the progress of the project.
- Q8: What is the level of intensity of effort that the State has in mind for work with LHDs?  
 -Communication with LHD solely via telephone and e-mail?  
 -Communication with LHD personnel face to face in regional groupings?  
 -Communication with selected LHD personnel one on one?
- A8: The vendor should include in its proposal the communication strategy that it feels will deliver the best product. ISDH does not believe that communication exclusively via telephone and email will be sufficient.
- Q9: Are each of the LHDs required to have/currently have a preparedness plan for pandemic flu? Are they required to submit these plans to the State?
- A9: Yes and yes.
- Q10: The RFP states that some LHDs are more capable/ready than others to engage in pandemic flu preparedness activities. To what extent is this known so that efforts might be targeted to those health departments that are less prepared?
- A10: A systematic assessment of each local health department's public health awareness efforts related to pandemic influenza has not been conducted; therefore, there is no reliable research data available to determine which LHDs are better prepared than others.
- Q11: To clarify the evaluation responsibilities (2) in the technical requirements attachment, it seems that the state may want two separate evaluations. One - to evaluate the effectiveness of local health departments, their staff, and their training abilities (i.e. did

local health department staff effectively communicate with the public?). Two – to evaluate the impact of the health department training/awareness efforts (i.e. is the public actually changing their behavior after being exposed to local health department training/awareness efforts?). Are these assumptions correct? If not, please clarify.

A11: The evaluation tool should measure the impact of the local health department's public education efforts. The local health department is effective in its education program if public behavior changes as a result.

Q12: If the state will require an impact evaluation to determine if local health departments are changing the behavior of the public, a statewide random sample survey will be required. Historically, impact evaluations are extremely expensive and complicated, requiring knowledgeable and experienced staff. Do the state or local health departments have the resources and qualified/experienced staff to adequately carry out the vendor's evaluation instructions?

A12: A statewide random sample is outside the scope of this RFP. The vendor should develop the evaluation tool and the strategy for administering the tool on a local level. The local health departments will implement the tool.

Q13: Does local health department staff have access to statistical software, such as SPSS?

A13: It is not anticipated that the type of analysis that would require statistical software will be necessary. It should be anticipated that most local health departments do not have access to statistical software.

Q14: How much staff time will local health departments have available to devote to the evaluation of Pandemic Influenza Preparedness training?

A14: This will vary from one local health department to another. 87 of the 94 local health departments have hired local public health coordinators (LPHC) to support public health preparedness. Part of the funding for these positions is from the Pandemic Influenza Supplement to the CDC Public Health Preparedness Grant. The availability of each LPHC, however, will vary based on other preparedness activities in the LHD's jurisdiction.

Q15: Can you clarify exactly what ISDH is looking for:

Q15A: Is it a vendor to develop new high-impact strategies, tactics and materials to help achieve preparedness *and* to assist LHDs in how best to implement them?

A15A: Yes.

Q15B: And/or, is it a vendor that will motivate/train/assist complacent LHDs to complete their previously assigned tasks (primarily using the existing materials and activities that have already been provided to them)?

- A15B: Yes.
- Q15C: Or, is it primarily a vendor with expertise in designing/executing broad-based programs to “consult” with ISDH staff on how *they* should get the job done.
- A15C: No.
- Q16: A budget parameter for this project is not identified in the RFP materials, though available budget is a critical factor in developing cost-effective strategies/tactics to achieve the objectives. Please provide at least an approximate budget and, *importantly*, a time period for project completion.
- A16: The budget will not be disclosed. The deadline for completion of this project is August 30, 2007.
- Q17: Can you please quantify the number of LHDs whom ISDH is targeting for this project – does it include all 92 county health departments plus separate city/town health depts.? Please quantify.
- A17: All 94 local health departments will be targeted – 90 county health departments, 1 bi-county health department, and 3 city health departments.
- Q18: In Attachment D (“Objectives”), it states that “Each local health dept. has strengths and weaknesses in terms of their abilities to communicate and present information effectively.” Has ISDH already identified a subset of local health departments (county and city?) who need greater attention/extra assistance than others with implementing preparedness efforts? (This also relates to budget, as additional budget may be required for on-site visits and/or additional conferencing to intensively support a number of local health departments who may be lagging in their efforts, while other departments may require only minimal assistance.)
- A18: No. A systematic assessment of each local health department’s public health awareness efforts related to pandemic influenza has not been conducted; therefore, there is no reliable research data available to determine which LHDs are better prepared than others.
- Q19: Are corporate partners allowed or desired to assist with funding or sponsorships and/or distribution of program materials?
- A19: It will depend on the sponsorship/relationship proposed.
- Q20: Can you please clarify the meaning of “method expert” being sought?
- A20: The vendor should focus on “how” to get the message across. The vendor is not expected to be an expert in pandemic flu. ISDH will assist with content expertise.

- Q21: How long have LHDs been working on this project? Was it launched at the March 2006 Summit? Has ISDH determined LHDs have not been fully implementing the hoped-for local efforts, and/or overall progress is lagging?
- A21: The State Health Commissioner challenged each LHD in the spring of 2006 to focus on this project. ISDH is seeking to assist the LHDs to keep progressing and expanding their efforts.
- Q22: Have you hired other vendors to assist with this effort, or is this the first time ISDH has sought outside assistance with this particular program?
- A22: This is the first time.
- Q23: How satisfied are you with the contents and utilization of the toolkit components?
- A23: The tool kit provides basic materials. ISDH would like to see the tool kit move beyond the basics in terms of breadth and depth of coverage.
- Q24: In Attachment D of the RFP it states “training” as one of the vendor duties. Can you please clarify the type/level of training you are seeking? If LHDs have already received some degree of training or instruction, please describe what type/level of training was provided and when.
- A24: LHDs have been given the tools but have not been trained on how best to use them. ISDH is seeking to move the LHDs beyond awareness and to expand current efforts.
- Q25: Since avian flu vaccines are in development but not yet available, should messages being delivered to the public in the near-term include the prospect of “getting immunized” in the event of a pandemic with information about locations of mass immunization clinics, priority age groups, and other details?
- A25: The inclusion of this information needs to be assessed as part of the project.